

## BRFSS Core and Optional (including state-added) Questions - 2000-2012

X indicates included on the survey

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Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Asthma-Adult	Ever told by a doctor you had asthma?	X	X	X	X	X	X	X	X	X	X	X	X	X
Asthma-Adult	Still have asthma?	X	X	X	X	X	X	X	X	X	X	X	X	X
Asthma-Adult	In past 12 months, doctor taught you to recognize early signs and symptoms of asthma attack?		X			X	X							
Asthma-Adult	In past 12 months, doctor gave you written asthma plan?		X			X	X							
Asthma-Adult	You and doctor worked out: ways to reduce asthma triggers, medicines to be taken regularly, medicines to be used in case of asthma attack, when to call doctor, when to go to emergency room.		X			X								
Asthma-Adult	In past 12 months, number of times visited ER or urgent care center because of asthma?		X	X	X	X	X							
Asthma-Adult	In past 12 months, had an asthma episode?			X	X	X	X							
Asthma-Adult	Age first told have asthma?				X	X	X							
Asthma-Adult	In past 12 months, number of times saw doctor for urgent treatment of your asthma?			X	X	X	X							
Asthma-Adult	In past 12 months, number of times saw doctor for routine visit for your asthma?			X	X	X	X							
Asthma-Adult	In past 12 months, number of days unable to work or carryout usual activities because of asthma?			X	X	X	X							
Asthma-Adult	During the past 30 days how often have you had any asthma symptoms?				X	X	X							
Asthma-Adult	During past 30 days how many days did asthma symptoms make it difficult to stay asleep?				X	X	X							
Asthma-Adult	During the past 30 days how often taken asthma medication prescribed by a doctor?			X	X	X	X							
Asthma-Adult	During past 30 days how often used prescription asthma inhaler during an asthma attack to stop it?						X							
Asthma-Adult	Doctor ever told you asthma related to any job ever had?					X	X							
Asthma-Adult	Ever told doctor asthma related to any job ever had?					X	X							

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Asthma-Child	Number of children in household diagnosed with asthma?/Randomly selected child has asthma?		X	X	X	X	X	X	X	X	X	X	X	
Asthma-Child	Number of children in household who still have asthma?/Randomly selected child still has asthma?		X	X	X	X	X	X	X	X	X	X	X	
Asthma-Child	When was child diagnosed with asthma?/Randomly selected child still has asthma?						X							
Asthma-Child	In past 12 months, number of times child visited ER or urgent care because of asthma attack?						X							
Asthma-Child	In past 12 months, number of days child unable to attend school or participate in regular activities because of asthma?						X							
Asthma-Child	How long since child's parent/guardian last talked to doctor about child's asthma?				X									
Asthma-Child	Doctor ever taught child or parent/guardian to recognize early signs and symptoms of asthma episode?				X		X							
Asthma-Child	Doctor ever taught child or parent/guardian what to do during asthma episode?				X		X							
Asthma-Child	Doctor ever taught child or parent/guardian how to monitor peak flow?				X									
Asthma-Child	Doctor ever given child or parent/guardian written management plan?				X		X							
Asthma-Child	Respondent knowledgeable about medical care of child with asthma?				X									
Blueprint	How much agree with: Confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health?								X	X	X			
Blueprint	How much agree with: I am the person responsible for managing my health								X	X	X			
Blueprint	How much agree with: I have been able to maintain the lifestyle changes for my health that I have made.								X	X	X			
Blueprint	Ever heard of HLW or community walking programs?								X	X	X			
Breast Cancer Risk	Ever had breast biopsy?					X	X							
Breast Cancer Risk	Number of breast biopsies?					X	X							
Breast Cancer Risk	Any abnormal results from breast biopsies?					X	X							
Breast Cancer Risk	Mother, sister or daughter ever told by doctor have breast cancer?					X	X							
Breast Cancer Risk	How many of your mother, sisters or daughters have been told they have breast cancer?					X	X							
Breast Cancer Risk	Age when period or menstrual cycles started?					X	X							
Breast Cancer Risk	Ever given birth to live infant?					X	X							
Breast Cancer Risk	Age when first infant was born?					X	X							
Breast Cancer Risk	Considering all infants, how long would you say you breastfed in your lifetime?					X	X							

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Childhood Obesity	On average how many hours per day does your child watch TV or use a computer for fun or video games?						X	X	X					
Childhood Obesity	Doctor ever told you child is overweight?						X	X	X					
Cholesterol Awareness	Ever had your blood cholesterol checked?		X		X		X		X		X		X	
Cholesterol Awareness	How long since last had blood cholesterol checked?		X		X		X		X		X		X	
Cholesterol Awareness	Ever been told by a doctor that you had high blood cholesterol?		X		X		X		X		X		X	
Cholesterol Awareness	In past 12 months, doctor ever told you to eat fewer high fat or high cholesterol foods?				X									
Cholesterol Awareness	In past 12 months, doctor ever told you to eat more fruits and vegetables?				X									
Cholesterol Awareness	In past 12 months, doctor ever told you be more physically active?				X									
Citizenship	Moved to US as immigrant of refugee within past 10 years?		X											
Cognitive Impairment	Has HCP ever said that you have, or another adult in your household 18 or older has Alzheimer's Disease or some other form of dementia?													X
Colorectal Cancer Screening	Doctor ever given you or immediate family member diagnosis of colon or rectal cancer?								X					
Colorectal Cancer Screening	Doctor ever advised you to get screened for colon or rectal cancer?							X						
Colorectal Cancer Screening	Ever had blood stool test using home kit?		X	X		X		X	X	X		X		X
Colorectal Cancer Screening	How long since last blood stool test using home kit?		X	X		X		X	X	X		X		X
Colorectal Cancer Screening	Ever had sigmoidoscopy or colonoscopy?		X	X		X		X	X	X		X		X
Colorectal Cancer Screening	Was most recent exam sigmoidoscopy or colonoscopy?								X	X		X		X
Colorectal Cancer Screening	How long since last sigmoidoscopy or colonoscopy?		X			X		X	X	X		X		X
COPD	Doctor ever told you had COPD? (some years distinguishes last year vs. not)			X	X	X	X		X	X			X	X

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Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Depression	Doctor ever told have a depressive disorder, including depression, major depression, hysthymia, or minor depression?							X		X		X	X	X
Depression	In past year, had two weeks or more where felt sad, blue or depressed or lost all interest in things that you really cared about or enjoyed?	X	X	X	X	X	X							
Depression	Had two or more years in life when felt depressed or sad most days, even if felt ok sometimes?	X	X	X	X	X	X							
Depression	Have you felt depressed or sad much of the time in the past year?	X	X	X	X	X	X							
Depression	How much of time in past week did you feel depressed?	X	X	X	X	X	X							
Depression	In the past year, gotten professional counseling or treatment for sadness or depression?			X	X									
Depression	In past 30 days, how many days felt blue, sad or depressed?				X	X	X							
Depression	In past 30 days, how many days felt worried, tense, or anxious?				X	X	X	X						
Depression	In past 30 days, how many days felt did not get enough rest or sleep?				X	X	X			X	X	X		
Depression	In past 30 days, how many days felt healthy and full of energy?				X	X	X							
Depression	In last two weeks, how many days had little interest or pleasure in doing things?							X		X		X		
Depression	In last two weeks, how many days felt down, depressed or hopeless?							X		X		X		
Depression	In last two weeks how many days had trouble falling asleep, staying asleep or sleeping too much?							X		X		X		
Depression	In last two weeks, how many days felt tired or had little energy?							X		X		X		
Depression	In last two weeks, how many days have you had a poor appetite or eaten too much?							X		X		X		
Depression	In last two weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down?							X		X		X		
Depression	In last two weeks, how many days have you had trouble concentrating on things?							X		X		X		
Depression	In last two weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite, so fidgety and restless that moving around more than usual?							X		X		X		
Depression	Calculated depression severity in last two weeks							X		X		X		
Depression	Calculated ever told have anxiety or depressive disorder							X		X		X		
Depression	Doctor ever told you that you have an anxiety disorder?							X		X		X		
Depression	In past 30 days, how often felt nervous?								X		X			
Depression	In past 30 days, how often felt hopeless?								X		X			
Depression	In past 30 days, how often felt restless?								X		X			
Depression	In past 30 days, how often felt so depressed that nothing could cheer you up?								X		X			
Depression	In past 30 days, how often did you feel everything was an effort?								X		X			
Depression	In past 30 days, how often did you feel worthless?								X		X			
Depression	In past 30 days, how many days did emotions or feelings keep you from doing your work or other usual activities?								X		X			

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Disability	Limited in any way in any activities because of physical, mental or emotional problems?	X	X	X	X	X	X	X	X	X	X	X	X	X
Disability	Have health problem that requires special equipment?		X	X	X	X	X	X	X	X	X	X	X	X
Disability	What is the major impairment or health problem that limits you activities?	X			X	X	X							
Disability	How long have activities been limited because of your major impairment or	X			X	X	X							
Disability	In past 30 days, how many days did pain make it hard for you to do usual activities?	X			X		X	X						
Disability	Because of health problem, need help of other persons for personal care needs?		X	X	X	X		X						
Disability	Who usually helps with your personal care needs?		X	X	X									
Disability	Adequacy of assistance to meet personal care needs?			X	X									
Disability	Because of health problem, need help of other persons for routine needs?		X	X	X									
Disability	Who usually helps with your routine needs?		X	X	X									
Disability	<i>Adequacy of assistance receive to meet routine needs?</i>		X	X	X									
Drinking and Driving	In past month, how many times driven when had too much to drink?	X	X	X	X	X	X	X	X	X		X		X
Drinking and Driving	In past month, how many times have you ridden with a driver who had perhaps too much to drink?				X									
Drinking and Driving	<i>How likely is someone to be stopped by police for driving after having too much to drink?</i>	X	X	X		X								
Environmental Factors	In past 12 months, had illness or symptom that you think was caused by the air inside a home, office, or other building?					X								
Environmental Factors	In past 12 months, had an illness or symptom that you think was caused by pollution in the air outdoors?					X								

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Exercise/Physical Activity	During the past month, participated in physical acitivites or exercise?	X	X	X	X	X	X	X	X	X	X	X	X	X
Exercise/Physical Activity	Type of physical activity or exercise participated in most? (Repeated addt'l activity)	X											X	
Exercise/Physical Activity	How far usually walk/run/jog/swim? (repeated addt'l activity)	X												
Exercise/Physical Activity	Times per week or month take part in this activity? (Repeated addt'l activity)	X											X	
Exercise/Physical Activity	When participated, for how many minutes or hours kept at it? (Repeated addt'l activity)	X											X	
Exercise/Physical Activity	Responses of 'other' to type of physical activity participated in most (Repeated additional activity)												X	
Exercise/Physical Activity	Another physical activity participated in during last month? (Repeated addt'l activities)	X												
Exercise/Physical Activity	During past month, times per week or month participated in activities to strengthen muscles (not aerobic activities)?												X	
Exercise/Physical Activity	Amount of physical activity at work		X		X		X	X	X		X			
Exercise/Physical Activity	In usual week, participate in moderate physical activities for at least 10 minutes at a time?		X		X		X	X	X		X			
Exercise/Physical Activity	Times per week do moderate activities for at least 10 minutes?		X		X		X	X	X		X			
Exercise/Physical Activity	On days do moderate activities, how much total time per day spend doing them?		X		X		X	X	X		X			
Exercise/Physical Activity	Meets moderate physical activity recommendations				X		X	X	X		X			
Exercise/Physical Activity	In usual week, participate in vigorous activities for at least 10 minutes at a time?		X		X		X	X	X		X			
Exercise/Physical Activity	Times per week do vigorous activities for at least 10 minutes?		X		X		X	X	X		X			
Exercise/Physical Activity	On days do vigorous activities, how much total time per day spend doing them?		X		X		X	X	X		X			
Exercise/Physical Activity	Meets vigorous physical activity recommendations				X		X	X	X		X			
Falls	In past 3 months, had a fall?				X			X		X	X	X		X
Falls	Injured in fall?				X			X		X		X		X
Falls	In past 12 months, fallen to ground? (Limited 60+)		X	X	X	X	X	X	X					
Falls	In past 3 months, number of times fallen										X			

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Fruits and Vegetables	How often drink fruit juices?	X		X	X		X		X		X		X	
Fruits and Vegetables	Not counting juice, how often do you eat fruit?	X		X	X		X		X		X		X	
Vegetables	How often eat green salad?	X		X	X		X		X		X			
Vegetables	How often eat potatoes?	X		X	X		X		X		X			
Fruits and Vegetables	How often eat carrots?	X		X	X		X		X		X			
Fruits and Vegetables	Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?	X		X	X		X		X		X		X	
Fruits and Vegetables	How often eat cooked or canned beans?												X	
Fruits and Vegetables	How often eat dark green vegetables?												X	
Fruits and Vegetables	How often eat orange-colored vegetables?												X	
Gambling	Gambled for money in the last 12 months?									X				
Gambling	Has the money spent on gambling led to financial problems?									X				
Gambling	Has the time spent on gambling led to problems with family, work or personal life?									X				
Gastrointestinal Disease	In past 30 days, had diarrhea that began within the 30 days period?								X					
Gastrointestinal Disease	Visit doctor for this diarrheal illness?								X					
Gastrointestinal Disease	When visited health care provider, did you provide a stool sample?								X					

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Hunger	How frequently eat less than feel you should because there isn't enough food or enough money to buy food?	X	X	X	X	X		X						
Hypertension Awareness	Ever been told by a doctor that you had high blood pressure?		X		X		X		X		X		X	
Hypertension Awareness	Current taking medicine for your high blood pressure?		X		X		X		X		X		X	
Immunization - Adult	In past 12 month had flu shot?	X	X	X	X	X	X	X	X	X	X		X	X
Immunization - Adult	Month and year got most recent flu shot							X		X	X		X	X
Immunization - Adult	In past 12 months, had flu vaccine that was sprayed in your nose?					X	X	X	X	X	X		X	X
Immunization - Adult	Month and year got most recent flu vaccine that was sprayed in nose										X		X	X
Immunization - Adult	Where did you get last flu shot?			X		X	X						X	
Immunization - Adult	Main reason not gotten flu vaccination for current flu season?							X						
Immunization - Adult	Ever had pneumonia shot?	X	X	X	X	X		X	X	X	X		X	X
Immunization - Adult	Ever heard anything about pneumonia vaccine?									X				
Immunization - Adult	How did you hear about the pneumonia vaccine?									X				
Immunization - Adult	Has health care provider ever advised you to get a pneumonia vaccine?									X				
Immunization - Adult	Ever had hepatitis B vaccine?							X	X					
Immunization - Adult	Any of the following statements apply to you with regards to hepatitis B? Have hemophilia, taken IV drugs, sex for money/drugs, tested positive for HIV, had sex with someone who would say "yes" to any of these questions, more than two sex partners in the last year							X	X					
Immunization - Adult	Doctor ever said you have any of the following: lung problems, heart problems, diabetes, kidney problems, sickle cell anemia or other anemia, or weakened immune system,?							X						
Immunization - Adult	Do you still have any of the [above] problems?							X						
Immunization - Adult	Currently work or volunteer in health care facility?							X			X		X	
Immunization - Adult	Do you have direct face-to-face contact with patients in routine work?							X			X		X	

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Lead Poisoning	Can small amounts of lead have an effect on a young child's health?									X				
Lead Poisoning	When was building in which you live built?									X	X			
Lead Poisoning	Currently rent or own the building you live in?									X				
Lead Poisoning	Ever checked your home for chipping, peeling or deteriorated paint?									X				
Lead Poisoning	In past 12 months, have you or a contractor dry sanded or dry scraped paing, used a heat gun to remove paint, or machine sanded, sandblasted or pressure washined paint in or on your home?										X			
Lead Poisoning	Do any of the following for chipping, peeling or deteriorated paint - dray sanded/scraped, blocked access to the area, wet sanded/scraped, used heat gun to remove, contact landlord?									X				
Marijuana	Ever used marijuana?								X	X	X	X	X	X
Marijuana	In past 30 days, how many days used marijuana?								X	X	X	X	X	X
Marijuana	<i>In past 30 days, how many times drove car when using marijuana?</i>								X	X	X	X		
Menu Labeling	When calorie informationu is available in the restaurant, how often does this information help you decide what to order?													X
Multiple Sclerosis	Doctor ever told you have MS? (some years distinguishes last year vs. not)		X		X	X								
Oral Health	How long since visited dentist for any reason?	X		X		X		X		X		X		X
Oral Health	Number of permanent teeth removed because of tooth decay or gum disease?	X		X		X		X		X		X		X
Oral Health	How long since had teeth cleaned?	X		X		X		X		X		X		X
Oral Health	Main reason not visited dentist last year?	X												
Oral Health	Have any insurance that covers some or all of your routine dental care?	X												
Oral Health	Reason did not get dental care in last year?													X
Oral Health	What kind of dental care coverage do you use to pay for dental care?													X
Oral Health	Do you have one place that you go for regular dental care?													X
Osteoporosis	Doctor ever talked with you about preventing osteoporosis or its complications through lifestyle changes?	X												
Osteoporosis	Doctor ever told you had osteoporosis? (some years distinguishes last year vs. not)		X	X	X	X		X	X					



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Sexual Violence	Option to skip sexual violence questions						X							
Sexual Violence	In past 12 months, anyone exposed you to unwanted sexual situations not involving physical touching?						X							
Sexual Violence	In past 12 months, anyone touched sexual parts of your body without your consent?						X							
Sexual Violence	In past 12 months, anyone attempted to have sex with you without your consent, but sex did not occur?						X							
Sexual Violence	In past 12 months, anyone had sex with you without your consent?						X							
Sexual Violence	At time of most recent incident, what was your relationship to the person who had sex/attempted to have sex with you without your consent?						X							
Sexual Violence	Was person who did this male or female?						X							
Sexual Violence	Has anyone ever attempted to have sex with you without your consent, but sex did not occur?						X							
Sexual Violence	Has anyone ever had sex with you without your consent?						X							
Skin Cancer Prevention	Use of skin cancer prevention methods when in sun for more than an hour - sunscreen, stay in shade, wear protective clothing? (Broken in to three y/n variables in 2001)		X					X						
Skin Cancer Prevention	Used tanning booth in last 12 months?		X					X						
Social Support	How often do you get the social and emotional support you need?				X	X	X	X	X	X	X	X		X
Social Support	<i>How satisfied are you with your life?</i>						X	X	X	X	X	X		
Suicide	Past 12 months, ever seriously considered attempting suicide?		X	X	X	X	X	X						
Suicide	<i>Past 12 months, how many times actually attempted suicide?</i>		X	X	X	X	X	X						
Sun Exposure	Had sunburn in last 12 months?				X	X						X		
Sun Exposure	How many sunburns have you had in last 12 months?				X	X								
Tetanus Diptheria	Have you received tetanus shot in past 10 years?										X			X
Tetanus Diptheria	Was most recent tetanus shot given in 2005 or later?										X			X
Tetanus Diptheria	Did your doctor say your recent tetanus shot included the pertussis or whooping cough vaccine?										X			X

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